Document 9

Filed 06/17/2005

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U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

Signature of Attorngy or other Originator requesting service on behalf of:    DATE   D							1 1000								
DEFENDANT DENISE HEATH  TYPE OF PROCESS CTUIL ACTION 1983  SERVE  NAME OF ENDIVIDUAL. COMPANY. CORPORATION. ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEN ADDRESS (Street or RFD. Apartment No., City, State and ZIP Code)  AT 105 PLEASANT STREET P.O. BOX 1806 CONCORD, NEW HAMPSHIRE 03301 — 1806  SEND NOTICE OF SERVICE COPY TO REQUISTER AT NAME AND ADDRESS BELOW.  Number of process to be served with this Form - 285  ANTHONY LAFAULT 284473 OSBORN CORRECTIONAL INSTITUTION P.O. BOX 100  SOMERS, CONNECTICUT 06071  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A Telephone Numbers, and Estimated Times Available For Service):  SIgnature of Attornyo or other Originator respecting service on behalf of:  DEFENDANT  TELEPHONE NUMBER D  DEFENDANT  TELEPHONE NUMBER D  DATE  SIgnature of Autornyo or other Originator respecting service on behalf of:  DEFENDANT  TELEPHONE NUMBER D  DATE  SIgnature of Autornyo or other Originator respecting service on behalf of:  DEFENDANT  TELEPHONE NUMBER D  DATE  SIGNATURE OF THE INSTITUTION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A Telephone Numbers, and Estimated Times Available For Service):  SIGNATURE OF THE INSTITUTION TO NOT WRITE BELOW THIS LIN Is achieved by the service of Defendance of Origin to Service of Origin to								,							
SERVE  NAME OF INDIVIDUAL. COMPANY. CORPORATION. ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEN  NEW ENGLAND INTERSTATE CORRECTIONS. COMPACT ACENT  ADDRESS. (Street or RFD. Apartment No., City. State and ZIP Code)  AT 105 PLEASANT STREET P.O. BOX 1806 CONCORD, NEW HAMPSHIRE 03301 – 1806  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW.  ANTHONY LAFAULT \$284473  OSBORN CORRECTIONAL INSTITUTION P.O. BOX 100  SOMERS, CONNECTICUT 06071  Check for service in this case 26  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Arelephone Numbers, and Estimated Times Available For Service):  SIgnature of Attorngo or other Origingtor requesting service on behalf of:  DEFENDANT  DEFENDANT  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LIN  1 acknowledge receipt for the total number of process indicated to the service of Origin on the Control of Control of Control on the Individual Company, corporation, etc., shown in Trematics, the process described on the individual, company, corporation, etc., shown in the address mented below and individual company, corporation, etc., shown in the address mented below.  Address (complete only if different than shown above)  Service Fee Total Miteage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Amount of Refund.  Amount of Refund.  Amount of Refund.  Amount of Refund.	DETENDANT.														
NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDENSE NEW ENGLAND INTERSTATE CORRECTIONS, COMPACT AGENT ADDRESS, (Street or RFD, Apatrinean No., City, State and ZIP Code)  105 PLEASANT STREET P.O. BOX 1806 CONCORD, NEW HAMPSHIRE 03301 - 1806  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW.  ANTHONY LAFAUCI *284473 OSBORN CORRECTIONAL INSTITUTION P.O. BOX 100  SOMERS, CONNECTICUT OGO71  Check for service on U.S.A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A Telephone Numbers, and Estimated Times Available For Service):  Signature of Altorops, or other Originator requesting service on behalf of:  PLAINTIFF OFFICIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A Telephone Numbers, and Estimated Times Available For Service):  Signature of Altorops, or other Originator requesting service on behalf of:  PLAINTIFF OFFICE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LIN  Tacknowledge receipt for the total number of process indicated.  (Sign only first USM 288) if more than one USM 285 is understited.  No. J. W. Y. S. Signature of Authorized USMS Deputy or Clerk  Office on the individual, company, corporation, etc., shown the address inserted below on the individual company, corporation, etc., shown the address inserted below.  PA 1 hereby certify and return that I m unable to locate the individual, company, corporation, etc., shown in the address inserted below.  Address (complete only if different than shown above)  Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Annuant owed to U.S. Marshal or Annuant of Refund (including endeavors)  Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Annuant owed to U.S. Marshal or Annuant of Refund (including endeavors)	DEFENDANT DENISE HEATH														
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AT 105 PLEASANT STREET P.O. BOX 1806 CONCORD, NEW HAMPSHIRE 03301 - 1806  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW.  ANTHONY LAFAUCI * 284473 OSBORN CORRECTIONAL INSTITUTION P.O. BOX 100 SOMERS, CONNECTICUT O6071 Check for service on U.S.A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A religion on Vision of Automory or other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LIN Lacknowledge receipt for the total number of process indicated.  (Sign only first USM 285 if more than one USM 285 is submitted)  Thereby certify and return that I have personally served.  No. J. No. J	SERVE	•													
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SOMERS, CONNECTICUT  OGO71  Check for service on U.S.A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A Telephone Numbers, and Estimated Times Available For Service):  Signature of Attorngy, or other Originator requesting service on behalf of:  Other Company or other Originator requesting service on behalf of:  DEFENDANT  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LIN  Lacknowledge receipt for the total number of process indicated.  (Sign only first USM 285 if more than one USM 285 is submitted)  Total Process  No. A Sorve USM 285 if more than one USM 285 is submitted:  Date Of Origin to Serve USM 285 is submitted:  Thereby certify and return that I may have personally served. Thave legal evidence of service. Thave executed as shown in "Remarks", the process described on the individual, company, corporation, etc., shown in the address inserted below.  Thereby certify and return that I am unable to locate the individual, company, corporation, etc., shown in the address inserted below.  Thereby certify and return that I am unable to locate the individual, company, corporation, etc., shown in the address inserted below.  Thereby certify and return that I am unable to locate the individual, company, corporation, etc., shown in the defendant issual place of abode.  Address (complete only if different than shown above)  Date of Service Time  6/13/05 13:00 hrs  Service Fee Total Mileage Charges forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Amount of Refund (including endeavors)  Service Fee Total Mileage Charges forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Amount of Refund (including endeavors)	OSBORN CORRECTIONAL INSTITUTION Number of served in										-			5	
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Signature of Attorney or other Originator requesting service on behalf of:    PLAINTIFF												U		) )	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LIN  I acknowledge receipt for the total number of process indicated.  (Sign only first USM 285 if more than one USM 285 is submitted)  Thereby certify and return that I is a personally served, is a the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.  A person of suitable age and discretion than residing in the defendant usual place of abode.  Address (complete only if different than shown above)  Service Fee Total Mileage Charges (including endeavors)  Total Process District to Service (Including endeavors)  Service Fee Total Mileage Charges (including endeavors)  Service Fee Total Mileage Charges (including endeavors)  Advance Deposits Amount owed to U.S. Marshal or Amount of Refund	2:		0		· .	1.10.6			Terr po	LIONE A			25		
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Thereby certify and return that I □ have personally served, □ have legal evidence of service, □ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., shown at the address inserted below.  It is the process described on the individual, company, corporation, etc., shown at the address inserted below.  It is the process described on the individual, company, corporation, etc., shown at the address inserted below.  It is the process described on the individual, company, corporation, etc., named above (See remarks below)  A person of suitable age and discretion then residing in the defendant usual place of abode.  Address (complete only if different than shown above)  Date of Service Time  6/13/05	number of proc	cess indicated.			Origin	to Serve	ر آ		10	7/				1.	. //
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Address (complete only if different than shown above)  Date of Service    Date of Service   Time	I hereby c	ertify and retu	rn that I am	unable to	locate the	individual, c	ompany, corp	oration, etc	c., named	above (S	ee remark	s belov	v)		
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According to the commisioner's office, the above defendant does not work out of the above office.